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Bib Data Sheet

CONFIRMATION NO. 2463

<b>SERIAL NUMBER</b> 10/055,562	<b>FILING DATE</b> 01/23/2002 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**  
Michael David Maguire, Toledo, OH;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/263,426 01/23/2001 *mm*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none mm* *3/31/03*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 02/25/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>mm</i> Examiner's Signature Initials				

**ADDRESS**  
MICHAEL D. MAGUIRE  
513 ADAMS ST #408  
TOLEDO ,OH 43604

**TITLE**  
Method and apparatus for manual delivery of volume and pressure-control artificial ventilation

<b>FILING FEE RECEIVED</b> 496	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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